



North Carolina Department of Public Health // **Injury and Violence Prevention Branch**

POST-OVERDOSE

RESPONSE TEAM (PORT) TOOLKIT



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health

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“Post-overdose interventions should be enticing, respectful, collaborative, and work on cementing that connection between people who use drugs and services that can help them survive.”

*-Maya Doe-Simkins,
Harm Reduction Michigan*



INTRODUCTION

A post-overdose response team (PORT) is an overdose follow-up program that allows agencies to visit a person who has recently overdosed (e.g. within 24-72 hours). The North Carolina Harm Reduction Coalition (NCHRC) explains that “a follow-up visit conducted within days of a naloxone reversal provides multiple opportunities such as an:

- Opportunity to direct people to harm reduction services for active drug users and treatment services for drug users looking to reduce or stop their substance use;
- Opportunity to provide naloxone, overdose prevention training and overdose prevention materials; and
- Opportunity for stakeholders in the opioid response to work together to reduce overdose mortality.”



PORT programs also provide a great opportunity to build relationships with people who use drugs in your community and create connections that may offer a variety of wraparound health and social services, even if that connection occurs at a later time.

These programs can be a lifesaving touchpoint for people who are often marginalized by society.



PHASES TO CREATING YOUR PROGRAM

There are four phases in the process of setting up a PORT in your community:

1. Assess your community.
2. Design the program.
3. Implement the program.
4. Evaluate the program and make improvements.

PHASE 1: ASSESSMENT

DEFINE THE PROBLEM

Assessment is figuring out what is going on in your community, from needs to resources. Follow the steps below to assess where your community is regarding the development of a PORT program.

GATHER RESOURCES

A large part of your PORT program will be based on connecting program participants with a variety of resources in your community. It is important to create a comprehensive referral network and list of available resources before initiating your PORT program. Identify the resources in your community that focus on overdose prevention, including harm reduction services for people who are actively using drugs. For individuals looking to reduce or stop using, you should know which treatment and recovery options are available and covered by which payment options. To do so, first talk to local health care providers, Local Management Entities/Managed Care Organizations (LME/MCOs), public health workers, and/or social workers because they may already have created these lists. Finding partners and providers in your community where people who use drugs feel comfortable accessing care and will not experience stigma and judgment is critical to connecting people to community resources. Involving people who have experience with current or former substance use in your planning process will be a helpful way to identify community resources that will provide non-judgmental care. Note that the list of resources can be crucial to inform future policy work aimed at increasing treatment capacity. You can't prove need without data, so make sure you are collecting data and working with your partners to collaborate on monitoring and evaluation.

Data Collection Opportunity:

Some of the data you might collect to illustrate the need in your community can include: the number of Emergency Department visits related to overdose response, the deaths due to overdose, and the lack of services addressing these health concerns.



1. Partners

Regarding PORT programs, the NC Harm Reduction Coalition states: “Team creation and operating the overdose follow-up program based on harm reduction is a key component. Involving harm reduction advocates, peer support specialists, or a case manager/linkage to care specialist/patient navigator in your program development and actual response will make all the difference in helping a person decide on whether they are ready to engage in treatment services. **In addition, an individual who has been directly impacted and/or personally experienced drug use or an overdose should be included and consulted with during program development. Programs that are created based on real experiences can be very effective.** We recommend you connect with your local harm reduction agency and ask them for their expertise on drug use and overdose.” Potential partners therefore include directly impacted people (people who use drugs/people with lived experience or family members), public health professionals, hospitals and health care providers, treatment and recovery providers, LME/MCOs, community-based organizations, first responders (law enforcement agencies, EMS/community paramedicine, fire personnel), and the local faith community.

2. Treatment & Recovery Resources

Some of your program participants may be interested in treatment or recovery resources (e.g. medication-assisted treatment, MAT). When developing a list of these options, be sure to include hours of operations, accepted insurance types, cost, location, treatment type (e.g. MAT, abstinence) and any other notes that may be important when a participant is choosing a program with the best fit. This list should be active and evolving. Build relationships with each of these resource organizations so that your PORT Outreach Team can make a warm handoff when needed.

3. Harm Reduction Resources

Some of your program participants will be in active use and may desire harm reduction resources. These resources are often a first step in participants taking back control of their own health. Harm reduction organizations include syringe services programs (SSPs). These programs often offer a wide variety of drug user health resources from sterile syringes and supplies to prevent the spread of communicable diseases, to general hygiene products, to HIV, Hepatitis C virus (HCV), and sexually transmitted disease/sexually transmitted infection (STD/STI) testing and sometimes treatment, and beyond. To find a list of SSPs serving your county visit <https://tinyurl.com/NCSSIList>. You can also reach out to the North Carolina Safer Syringe Initiative by emailing: SyringeExchangeNC@dhhs.nc.gov. The North Carolina Harm Reduction Coalition is also a good resource to learn more about harm reduction and identify options in your county; they have a great website (<http://www.nchrc.org/>) and can be contacted by phone (336) 543-8050.

4. Social Services Resources

People who have experienced an overdose may also have a variety of other needs that fall into the category of social determinants of health. These resources include, but are not limited to, food, housing, employment, clothing, and transportation. As with treatment and harm reduction resources, it is important to have a list of resources for people with varying degrees of financial needs. Never assume your participants will or will not have the financial resources to access services. Have a comprehensive list that you can present to participants and allow them to choose the resources that best fit their individual needs.

5. Health Services Resources

It is important to include primary health care services and providers in your resource network. Not only can these partners be connected to the PORT program at the point of overdose but also for a variety of chronic and acute health conditions that PORT program participants might have as well. It is important to consider dental, primary, and specialty providers to ensure participants have access to a variety of health services. In addition, programs should consider services that accept a variety of payment options including free options.

6. Funding

Your program will require funding. Regardless of how your program is launched (grant funds, private funding, etc.), there should be a plan for longer term support. Successful and sustainable PORT programs include local support. Some options for funding are:

- Incorporating salaries and expenses of the PORT program into the county budget
- Basing the PORT program in a community-based organization or other local agency that will incorporate these expenses in their annual budget
- Dividing expenses among a variety of agencies
- Think creatively: non-traditional funders, such as local foundations, companies, and private donors, can be a resource to support this work.

Note: some funders may fund only parts of the program based on their areas of focus, so consider multiple funding sources to cover the whole budget. Assess your funding options: Is a PORT program fiscally feasible in your community? Given that PORTs can intervene and save unnecessary trips to the ED reduce overdose, harm and poor health, and result in the saving of both lives and money, this line of questioning may be more apt.

Data Collection Opportunity:

Data that can demonstrate the higher cost of Emergency Department (ED) visits due to overdose compared to the cost of preventive services can create additional buy-in for a PORT program. The NC IVPB Opioid Data Dashboard has monthly reports about the number of ED visits per county.



COMMUNITY BUY-IN

Community buy-in is crucial to any program. This may require education about these evidence- and practice-based approaches among all sectors of your community. Does your community have a coalition working to prevent overdoses? Can you become part of this coalition? Who is part of the coalition that you can partner with? If you don't have a coalition, consider forming a Community Coalition for Substance Use in order to bring together a wide representation of your community to the table. If starting a coalition doesn't make sense, think through how you will ensure that people in the community are informed about the PORT program. Can you get on various county agency agendas? Can you hold a town hall meeting?

Can you engage people with lived experiences of opioid use to help inform your work? Can you engage the faith communities? Sometimes having one-on-one conversations to hear people's thoughts and/or concerns is the most effective way to go. The support of your community will ensure the success of your program from engaging participants to engaging a variety of resources.

Data Collection Opportunity:

Consider gathering anecdotal data from neighboring or similar counties to illustrate the benefits and challenges of creating and implementing a PORT program.



PHASE 2: DESIGN YOUR PORT

Once you assess your community and can prove both need and support for a PORT, it is time to design your program. Every PORT is different and specific to the community that it serves, however, there are three main areas of program design:



CREATE YOUR TEAM



DEVELOP THE PROTOCOL



CREATE THE NECESSARY FORMS

CREATE YOUR TEAM

Decide what organization will lead the PORT in your community. EMS, community paramedicine, the fire department, the health department, a community-based organization; any of these may be the best choice to lead your PORT. **Best practice is that people with lived experience are an integral part of the PORT.** One important way to incorporate people in this work is through the role of a peer support specialist. Your PORT should involve:

- A working group of diverse community partners
- The involvement of directly impacted people
- Good relationships with providers of all available services
- Good relationships with people who use drugs and cultural humility
- A harm reduction framework

Outreach Team Vs Support Network

The PORT program has an Outreach Team and a Support Network. The Outreach Team arranges and

conducts the visit(s). The Support Network team members provide referrals to the PORT Outreach Team and provide the necessary resources for the PORT Outreach Team to connect their participants with. An analogy is a school. The teachers are the Outreach Team, in the classroom working directly with students. School administration, parents, and the community are the Support Network. Everyone has the same goal of education but different roles in the execution of that goal.

Outreach Team Members

Outreach Team members may include peer support specialists, community paramedics, outreach workers, and others. This team will connect participants with a variety of resources and act as system navigators. The most critical aspect of an effective team is that the following skills and knowledge are represented:

• **System navigation** is defined as the ability to connect participants with the care they need, particular to their situation; this is the crux of the PORT program. The Outreach Team should have

the ability to connect participants with a variety of needs including physical and mental health care, housing, employment, food, transportation, and more; all while considering the participants' eligibility/ability to receive services based on interest, goals, insurance status, financial needs, and other considerations. Ideally, the PORT team would include someone with previous experience working in any of these services (e.g. syringe services program, federally qualified health center, substance use treatment clinic, hospital, etc.).

- **Cultural Humility** is defined as the process of self-reflection and discovery in order to build honest and trustworthy relationships. Often people who have experienced an overdose are met with stigma and assumptions. The Outreach Team should have the ability to remain culturally and personally humble when interacting with participants. Best practice in incorporating cultural humility into a PORT program is to hire people with lived experience of drug use and involve them throughout the process (from program planning to evaluation). This can be in the form of a peer support specialist who can relate to participants on a more authentic level than perhaps those without lived experience. Some peer support specialists go through the North Carolina Certified Peer Support Specialist Program for certification, but this is not required to make a peer a strong candidate for the role. Note that it is important for peer support specialists to offer the full spectrum of services to participants, recognizing that their path is just one option.

- **Harm Reduction** is a framework of reducing the negative consequences of drug use and promoting the health and dignity of people who use drugs that meets people where they are rather than making judgments about where they should be in terms of their personal health and lifestyle. This practice allows for PORT program participants to determine realistic goals for themselves and have ownership over their personal health. You can read more about the principles of harm reduction here: <https://harmreduction.org/about-us/principles-of-harm-reduction/>.

Examples of Outreach Team Combinations

Most Outreach Teams are small; only one or two people. Though the size of your Outreach Team should depend on the demands in your community and the time commitments of each Outreach Team member. Combinations include:

- 1 peer support specialist and 1 EMS person;
- 2 peer support specialists;
- 1 peer support specialist and 1 social worker; and many other viable combinations!

Support Network Members

Members of the Support Network may include (These are in alphabetical order, not in order of priority):

- Community-based organization staff and stakeholders
- Directly impacted people (people who use drugs or family members)
- Faith-based community members
- First responders (EMS/community paramedics/firefighters/law enforcement)
- Harm reductionists (usually working at syringe services programs)
- Hospitals and health care providers
- LME/MCO representatives
- Public health professionals
- Treatment providers and recovery networks

Role of Directly Impacted People in the Support Network

People with lived experience of opioid use and/or overdose play a critical role in the development and implementation of PORT Programs and the Support Network. Directly impacted people have a shared experience and perspective that can help build strong relationships with program participants, have an unparalleled understanding of the experience including the nuances of navigating care, and can empathize in ways that other providers cannot. This can translate into knowing what services are useful to have access to and ensuring those are incorporated in the resources list or knowing the correct language to use with program participants.

Directly impacted people should be incorporated in all levels of program planning, implementation, and evaluation. It is important to note is that people with lived experience or those who have been directly impacted by drug use all have unique experiences, so the PORT program should never assume that there is a one-size fits all path for everyone.

Role of Public Health in the Support Network

Public Health (for example, the local health department) can participate in very practical ways:

- Gather data that supports the work of the PORT, such as tracking transmissions and outbreaks, as well as identifying at-risk groups.
- Engage other community partners, seeking opportunities for coordination of services.
- Act as a convener of different community members and groups, such as facilitating meetings and coalitions.
- Participate by sharing resources: staffing, testing, office space, software, naloxone, etc.

Public Health can also be instrumental in creating a positive community climate:

- Encourage the removal of barriers to access, including supporting the use of non-stigmatizing language and identifying and addressing disparities.
- Promote prevention such as vaccinations, testing, education, and harm reduction services. Public Health may also be in a position to consider integrative health care rather than response to one risk at a time.

Role of Hospitals and Health Care Providers in the Support Network

Hospitals and health care providers can support the PORT program by providing initial referrals to the Outreach Team and by providing care to program participants after connecting them with the Outreach Team. Hospitals and health care providers are essential in the creation of a positive experience for PORT participants. These partners should take steps to ensure they are meeting PORT participants with care and compassion. We recommend these networks should also implement cultural humility trainings at all levels of their organization to ensure that all points of contact with PORT program participants are positive.

Role of Substance Use Treatment Providers and Recovery Networks in the Support Network

Substance Use Treatment providers (such as MAT providers) and recovery networks are an important resource for the PORT Outreach Team for referrals to services identified by participants. Good relationships with these providers and networks will be crucial to ensuring the success of PORT participants in their journeys through substance use treatment and recovery (if that is their goal). It is important that the substance use treatment providers and recovery networks inform the Outreach Team of their insurance requirements, costs, and various other requirements to set program participants up for success.

Role of LME/MCOs in the Support Network

Local Management Entity-Managed Care Organizations (LME-MCO) manage the care of individuals who receive services for mental health, developmental disabilities or substance use disorders who are on Medicaid, are underinsured, or are uninsured. They have established provider networks that allow these clients to access treatment. They are an important member of the Support Network because they hold the key to knowing what is available for PORT participants who are either on Medicaid or are uninsured and can assist in accessing the funds that support participants through a variety of health care needs.

Role of Community-Based Organizations in the Support Network

Community-based organizations (CBOs) are often great connections to a range of resources to support individuals and their full needs (e.g. transportation, housing, employment, health care, food, etc.). Especially in under-resourced areas, these community-based organizations can often fill a variety of gaps in services and resources available in those areas. These CBOs can range from clothing closets to food pantries to harm reduction organizations to financial assistance providers. CBOs often have strong relationships with the communities they serve. Partnering with CBOs that serve historically marginalized populations (Black and African American, Latino, Native

American, immigrant, and refugee communities) is an important way to ensure your program is equitably reaching everyone in your community. It is important that these organizations are a part of the Support Network to ensure the needs of program participants are met.

Role of First Responders in the Support Network

First responders play a vital role in the PORT Support Network. While they may also be a part of the Outreach Team, these organizations are often the main source of initial referrals to the PORT program. These are the people who arrive first to the scene of an overdose, so it is crucial that they are aware of the PORT program and can inform their patients appropriately.

Role of Faith Communities in the Support Network

Faith communities are often vital partners to have in the Support Network. Churches, mosques, temples, etc. often house a variety of resources from food and clothing assistance to recovery networks and harm reduction services. They also can act as facilitator of a community coalition as they can help bring a variety of different members of the Support Network together on common ground.



DEVELOP THE PROTOCOL

This is the point at which all the practical logistics of running a PORT are ironed out.

Method of Referral

When a person overdoses, how will the PORT know? There could be multiple ways for your PORT program to be alerted to potential participants. EMS, fire, and law enforcement are all first responders who may administer naloxone and reverse an overdose. Any of these first responders are good partners to include in the planning and implementation of the program and will be instrumental in providing data about participants to the Outreach Team. There can be some challenges with receiving referrals from these partners such as correct contact information. Program participants might not feel comfortable sharing their address in fear of potential legal complications. In addition, emergency departments (EDs) are often first contacts for people who have experienced overdose. EDs can refer people to the PORT directly through the discharge planning process or relay information to the PORT to follow-up with patients. Syringe services programs (SSPs) and other harm reduction organizations are also key partners in follow-up. They might not hear about the overdose as quickly as first responders, but they often have long-standing and ongoing relationships with PORT participants. There are multiple ways in which this data can be shared.

Examples of Referral Process and Associated Forms

- A. Member of the PORT Outreach Team is an employee of one of the first responders (EMS, fire, law enforcement agencies).**
 - a. If the PORT Outreach Team has direct access to patient/client databases within a first responder organization then the need for data sharing across organizations is not as high. The Outreach Team member can access the overdose response records through their employment with the organization.

B. The first responder organizations have data use agreements (see an example of the form in Appendix D: Team Information Sharing) with the organization with which the Outreach Team members are employed.

- a. These agreements are legal documents that allow data sharing between organizations.

C. The first responders ask patients to sign a Health Insurance Portability and Accountability Act (HIPAA) release form after they have been stabilized following an overdose (see an example of the form in Appendix B: Patient Information Forms).

- a. This form allows the first responder agency to share protected health information with the PORT Outreach Team for follow-up.

Hours of Operation

Overdose is not restricted to 9 a.m.-5 p.m. However, your Outreach Team cannot work 24/7; they need to establish personal boundaries and practice self-care. Some programs practice seven days a week, but each team member is limited to working 40 hours/week. Other programs function only during the weekdays. Remember the goal is to follow up within 24-72 hours post-overdose. Individuals who experience overdose over the weekend could be visited on Monday and still be within that recommended time frame.

Method of Care Management

Much of the PORT work resembles care management. Participants might have complicated follow-up needs requiring coordination with multiple resources or service providers. Some programs use care-management software, such as FiveCRM or REDCap, to keep track of all this information. It is important to think about how follow-up needs vary between participants. Some welcome weekly follow-ups while others might request less frequent visits. For an example of a care management protocol, see Appendix A: Care Management.

The primary goal of post-overdose interventions is to keep people safe - however that is defined for the individual.

DEVELOP FORMS/DOCUMENTS FOR YOUR PORT

There are serious health information privacy considerations that come with sensitive patient information that PORT programs are likely to encounter. Developing forms to maintain the utmost protection for people's personal information is crucial to developing trust with participants and maintaining a high functioning program.

- **Patient Information Forms:**

- o HIPAA
- o 42 CFR; requires signed disclosure authorization from an individual receiving treatment for substance use disorder
- o Release of Information (ROI)

- **General Protocol Forms:**

- o Field data collection form
- o Resources one-pager or pocket guide for EMS leave behind and for initial visit

- **Team information sharing**

- o Protected Health Information Data Sharing Agreement

Confidentiality

Keep in mind, an overdose is a traumatic health event. People who have recently experienced an overdose reversal are most likely not going to be inclined to sign forms releasing their private health information, such as HIPAA release forms, immediately upon revival. Because of this, programs with this style of imposing information sharing can see lower numbers of participation in PORT follow-up. It can be helpful to set up your PORT with patient data sharing built in. This means that there will need to be a solid partnership with first responders to educate patients about the PORT program and prepare them for the follow-up visit or phone call to come.

PHASE 3: IMPLEMENTATION

Implementation will require training both the Outreach Team and the Support Network as well as the greater community, getting the word out, and then simply starting the program.



HOST TRAINING SESSIONS

Part of implementing the PORT is getting the Outreach Team, the Support Network, and the broader community on the same page, which requires education. Everyone involved on the Outreach Team should be taught about mental health, substance use, harm reduction philosophy and practice, cultural humility, and the various legal considerations concerning opioid response (see Legality of the Opioid Response section below). Additionally, the community should be made aware

of the program and educated about the benefits of having a PORT. Holding training and educational sessions for the community helps people see their role in supporting the PORT and lowering overdose deaths in their community. A good training to offer the community that can serve to both teach lifesaving skills and build support for your PORT is a training on identifying the signs of an overdose and how to reverse it with naloxone. Teaching people a tangible skill like naloxone administration is good for public relations as well as the community's health!

Legality of the Opioid Response

In the last few years, North Carolina has passed a series of laws to support overdose response efforts. Training should include discussion of the following laws:

- **Good Samaritan Law** (G.S. 90-96.2 and G.S. 18B-302.2): states that individuals who experience a drug overdose or witness an overdose and seek help for the victim cannot be prosecuted for possession of small amounts of drugs, paraphernalia, or underage drinking. The goal of this law is to encourage people to call 911 by removing the fear of criminal repercussions. This law helps to focus efforts on helping the victim. The person seeking help must provide their name to the 911 dispatcher or law enforcement in order to qualify for immunity.
- **Naloxone Access Law** (G.S. 90-12.7): removes civil and criminal liabilities from doctors who prescribe, pharmacist who dispense, and bystanders who administer naloxone. Allows for organizations to distribute naloxone to the community under a distribution standing order. Authorizes the State Health Director's standing order that allows pharmacists to dispense naloxone to people in need.
- **Syringe Access Law** (G.S. 90-113.27): allows for the legal establishment of syringe services programs (SSPs). Any governmental or nongovernmental organization "that promotes scientifically proven ways of mitigating health risks associated with drug use and other high-risk behaviors" can start a syringe services program. Also provides immunity for possession of drug paraphernalia received from a syringe service program (programs provide written verification of participation).
- **Opioid Epidemic Response Act** (Session Law 2019-159): allows state funds to be appropriated to syringe services programs. Decriminalizes the use of drug testing equipment, such as fentanyl test strips, by people using drugs.

Trainings Specific to Various Populations

PORT program team members will have varying levels of skills and abilities. Depending upon these levels, trainings need to be specific to their experience. Team members should have the following training:

1. Outreach Team:

- a. Cultural humility to work with people who use drugs
- b. Do's and don'ts of follow-up visits
- c. Community resources
- d. Care management – entering data into the system, noting information when talking to participants, questions to ask when conducting initial visit and sequential follow-up visits.

2. Support Network:

- a. Referral Process
 - i. Do first responders or other referral providers call the PORT directly? Do they have one person email a report to the PORT daily? Is this information sharing process automated?
 - ii. This is a continuous training – turnover, especially in EDs, means that there will need to be constant training and retraining for people to know how and when to refer people to the PORT.
- b. How to inform clients/patients about the PORT process
 - i. General information about how the PORT will run

3. General public

- a. PORT program overview and purpose
 - i. Hold listening sessions or townhalls to inform the public about the program
- b. Naloxone trainings

Additional Topics for Training

Depending on availability and capacity, additional topics for training include:

- Medication-assisted treatment (MAT)
- Adverse childhood experiences (ACEs)
- Trauma-informed care
- Motivational interviewing
- Social determinants of health
- Science of Substance Use Disorder (SUD) and overdose reversal
- Brain model of disease
- Transtheoretical/Stages of Change Model

PUBLICIZING THE PROGRAM

Having a PORT program is a wonderful resource in any community; let everyone know when you are ready to launch. Not only does the Support Network need to know that they can start to refer participants to the Outreach Team, but the community should know about the advantages of having a PORT. Put out a press release, talk with local media and key stakeholders, and spread the word about this new community resource. Be sure to share information with any Substance Use Task Forces/coalitions and with Boards of Health and other local government officials.

THE ACTUAL VISIT

The initial post-overdose visit will take place within 24-72 hours of the initial overdose reversal. This window of time is crucial to let the participants know that they are cared for and that the response is timely. This also can be a moment in which a person is thinking about the possibility of some sort of behavior change. This visit should act as a wellness check in which the Outreach Team member:

- Engages the person to develop trust and build rapport
- Educates and engages the family/friends/loved ones
- Assesses the person's needs by starting a dialogue
- Asks the person what they need, want, and what may be helpful
- Determine the person's stage of change
- Provides linkages to care and resources, if desired

In some initial visits, not all these details will be collected. **The Outreach Team member should focus on building trust and rapport and, if possible, assessing the person's immediate needs. This visit should not feel like an interrogation or a massive collection of personal information.** It is advised that only brief notes are taken by the Outreach Team member, as opposed to filling out an entire assessment, which can be completed by the Outreach Team member directly following the visit. **It is also important to have a list of resources to leave behind that includes, among other things, a process by which the participant can follow up with the PORT Outreach Team** (see Field Data Collection Form and Pocket Resource Guide examples in Appendix C: General Protocol Forms).

It is important to remember that a lot of people you connect with will not be ready to access services. This initial visit is an important opportunity to build that connection for them to follow up the following week or six months later. Making that connection and letting them know you are there is the most important part of the visit.

Key Factors of Visit

There are multiple factors to be aware of for the visit:

- 1. Who does the visit,** and will that person be the main follow-up contact moving forward with the participant? Having the same person visit repeatedly helps with rapport and trust.
- 2. How soon does the visit happen?** This visit should occur within 24-72 hours post-overdose. Note that with crises there is a window of opportunity. When the crisis passes, the window closes, so moving extremely quickly can help to build the rapport and connection with individuals at a time where they may be thinking about a behavior change.
- 3. How much time will be spent with the client?** Taking extra time may make all the difference.
- 4. What happens if you cannot conduct the initial visit in person?** Some programs have found success sending a text message or making a phone call to make the initial connection virtually.

Resources to Provide

The following should be provided, if possible and appropriate, during the initial post-overdose visit:

- **Naloxone kit and instructions**
- **Pamphlets** explaining resources, such as crisis support, to leave with family members
- **Contact information for:**
 - Syringe services program (SSP)/harm reduction (HR) services
 - LME/MCOs
 - Local treatment providers
 - Wraparound services
 - Recovery supports

Referral services might include criminal justice navigation, dental clinics, domestic violence resources, family/peer/crisis support, financial assistance, food assistance, hospitals, medical clinics, mental health and substance use treatment options, prescription assistance, shelters/homelessness resources, transportation, veteran's assistance, and more.

Treatment Options

Some PORT participants may be seeking treatment for substance use. It is important to present them with a complete list of options and not allow personal biases to deter a participant's ability to choose their own path. Consider the following questions when offering a variety of treatment options for participants:

- Is it faith-based?
- Do they offer medication-assisted treatment (i.e. buprenorphine, methadone, etc.)?
- What kinds of insurances are accepted?
- What types of services are offered?
- What type of treatment is it; outpatient or inpatient?
- Where is the treatment located; out of the county or out of state?
- If children are involved, does the treatment option allow families to stay together?
- What types of substances does the person want treatment for?
- Does the person have any criminal charges?
- Is the person a danger to themselves or others?



PHASE 4: EVALUATION

As you begin implementing your PORT program, you'll want to track and monitor your activities and progress. This is important both for reporting purposes and for your own knowledge and program improvement. Generally, you'll want to know whether you conducted your activities as planned, and whether they resulted in the outcomes you expected. You'll also want to know how much time, staff, money, and other resources you spent on each activity. Data that might help in communicating the success of and garnering continued support for your PORT program.

QUANTITATIVE DATA COLLECTION ON PROGRAM

Quantitative data is numbers. Some data that your PORT program can collect include:

- Number of naloxone kits distributed by the program
- Number of unique individuals served by the PORT
- Number of total contacts with all participants of the program
- Number of referrals to the program following overdose reversal
- Number of participants the program referred to resources
- Amount of money, FTE (full time equivalent), and other resources the program is utilizing
- Amount of money the program is saving the county and/or other service organizations by prevention efforts

QUALITATIVE DATA COLLECTION ON PROGRAM

Qualitative data is important to collect as well (e.g. stories and experiences rather than numerical data points). Examples include changes in community member's knowledge, skills, and/or attitudes toward the PORT program, changes in participant's knowledge, skills, and/or attitudes regarding overdose prevention, and satisfaction level of program participants. Best practice is to

gather direct feedback from participants. For example, the following questions could be asked of participants:

- What was the most/least helpful resource option offered, and why?
- How did you feel about the timing of the follow-up visits? Would you prefer more/less frequent or differently spaced out visits?
- Is there a service, resource, or referral option that you felt was missing? Please list.
- What are some ways we could improve our program to better meet your needs?

Other data to gather includes:

- Types of organizations suggested for naloxone referrals
- Challenges to completing project goals, strategies for overcoming these challenges, and lessons learned from engaging in the work.

MEASURES OF SUCCESS

Treatment is not the only end goal and programs should not measure success by the number of referrals to treatment providers. The goal is to connect participants with the resources that they need based upon their expressed opinions. Ultimately, your program will have to define success based upon your community needs and the unique gaps that your program fills to prevent overdose-related deaths.

FOR HELP

Contact the Division of Public Health for resources and assistance:

beinjuryfreenc@dhhs.nc.gov. Remember, you don't have to recreate the wheel! In fact, reaching out and connecting with others, and asking for assistance is a great first step in creating your program.



GLOSSARY

Any discussion of opioid response involves many acronyms. Here is a short list to help you navigate and understand this document:

ACE: adverse childhood experiences

CBO: community-based organization

CPSS: [North Carolina] Certified Peer Support Specialist

ED: emergency department

EMS: emergency medical services

HIPAA: Health Insurance Portability and Accountability Act

HR: harm reduction

LEA: law enforcement agency

LME/MCO: local management entities/managed care organizations

NCHRC: North Carolina Harm Reduction Coalition

MAT: medication-assisted treatment

MCO: managed care organization

MOA: memorandum of agreement

MOU: memorandum of understanding

MI: motivational interviewing

PORT: post-overdose response team

PWUD: people who use drugs

ROI: release of information

SDOH: social determinants of health

SSP: syringe services program

STD/STI: sexual transmitted disease/sexually transmitted infection

SUD: substance use disorder

TIC: trauma-informed care

TTM: Transtheoretical Model also known as the Stages of Change

APPENDIX

APPENDIX A: CARE MANAGEMENT

Appendix A contains an example of a care management system (FiveCRM) and data dictionary for determining follow-up frequency, complexity of participant needs, recovery status, and other care management points. These screen grabs were provided by Healing Transitions in Wake County. They use FiveCRM to manage their PORT services and follow-up.

INPUT VIEW:

Account Details

Owner: JG

Consumer Type: [dropdown]

Referral Source: [dropdown]

Transported?: [dropdown]

Name: Untitled Contact

DOB: [input]

Gender: [dropdown]

Race/Ethnicity: [dropdown]

Cell: [input]

Contacted Family: [dropdown]

Address (Home): [input]

City (Home): [input]

State (Home): [input]

Zip (Home): [input]

Referred to Treatment?: [dropdown]

Multiple Overdoses: [dropdown]

Tracking

Social Determinants | Treatment Referral

Employment | Housing | Transportation | Legal Issues | Behavioral | Medical

No products for the account

Wrapup

Next date: 02/00

Response: -select-

Intensity of Need: Unknown

Owner: Justin Garrity

Complexity: [dropdown]

Recovery Status: [dropdown]

Engagement: [dropdown]

Notes: [text area]

Move onto next account:

Save and Log

Only Save Account

Loaded account: 25521

Username: jgarity | Database Area: 013 - Rapid Response Test Area | 24-Jun-2019 14:45:35 | CallPro CRM | Powered by FIVE CRM | © 2019 Q5

OVERDOSE INFORMATION:

Additional Information

Contact history | Overdose Information

Overdose 1	02/15/2019	12	15	am
Time of Overdose 1	12 AM - 3 AM			
Overdose 2		12	00	am
Time of Overdose 2	[dropdown]			
Overdose 3		12	00	am
Time of Overdose 3	[dropdown]			
Overdose 4		12	00	am
Time of Overdose 4	[dropdown]			

SOCIAL DETERMINANTS OF HEALTH:

The screenshot shows a 'Tracking' window with a 'New Product' modal form. The form contains six dropdown menus for the following categories: Employment, Housing, Transportation, Legal Issues, Behavioral Health Issues, and Medical. At the bottom of the modal are 'Save' and 'Cancel' buttons.

TREATMENT REFERRAL INPUT:

The screenshot shows a 'Tracking' window with a 'New Product' modal form. The form contains four dropdown menus for the following categories: Treatment Referral (with '- none -' selected), Treatment Referral Other, Referral Temperature, and Attended Appointment. At the bottom of the modal are 'Save' and 'Cancel' buttons.

TREATMENT REFERRAL STATUS:

Tracking

Social Determinants

Treatment Referral Status

Product - any - Apply

Treatment Referral	Treatment Referral Other	Referral Temperature	Attended Appointment	Date created	+
SouthLight OTP		Warm	Yes	09/14/2018	⚙
Oxford House		Warm	Yes	09/14/2018	⚙
NC Harm Reduction		Hot	Yes	09/14/2018	⚙
	Carter Clinic	Cold	Yes	01/25/2019	⚙

DATA DICTIONARY:

- Intensity of Need
 - High—Touch Daily/every other day
 - These consumers are new to the program, have relapsed or have experienced another non-fatal overdose. They may also simply demand a lot of attention at the time.
 - Moderate—Touch Weekly
 - These consumers are engaging with us but do not demand immediate attention.
 - Mild—Touch Monthly
 - They are proving to not need our assistance or are not responding to our inquiries.
 - Unable to Contact
 - This population has no phone number or the number has been disconnected.
- Complexity
 - High
 - Multiple problems other than their Substance Use Disorder
 - Moderate
 - 1 problem such as medical, legal, employment, transportation, etc. aside from their SUD.
 - Mild
 - Their only issue is their SUD
- Recovery status
 - In Recovery
 - On MAT, not using any illicit drugs
 - Partial Recovery
 - Attempting to engage in recovery but having frequent slips. Contemplative stage of change.
 - Actively Using
 - Still using illicit street drugs
- Engagement
 - Responders
 - Non-responders
- Behavioral Health issues other than SUD
 - Yes
 - No
 - Unknown
- Medical Issues
 - Yes
 - No
 - Unknown

APPENDIX B: PATIENT INFORMATION FORMS

Appendix B contains examples of patient information forms including a sample HIPAA release form, a sample 42 CFR form, and two Release of Information forms from Forsyth County EMS.

SAMPLE HIPAA RELEASE FORM:

MODEL HIPAA AUTHORIZATION FOR REFERRAL AND FOLLOW UP

I, <patient name>, give the health care provider named below and other employees at <health care institution> my permission to share my information with <name of community-based organization>. <Community-based organization> will use the information to contact me after I am discharged so that they can talk with me about getting connected to support and resources after an overdose. The information that will be provided to <community-based organization> will include, but may not be limited to, my contact information and information about my hospitalization(s) during which I received care for a substance use-related overdose.

I understand that I may refuse to sign this authorization. <Name of health care institution> may not condition my treatment or provision of services on my decision to sign this authorization form. I understand that I may revoke this authorization by letting <name of health care institution> in writing at any time except to the extent that action has been taken in reliance on it. Finally, I understand that the person(s)/organization(s) that I am authorizing to receive my patient information may not be covered by state/federal rules governing privacy and data security and may be allowed to further share the information that is provided to them.

Unless I revoke my consent earlier, this authorization will expire automatically one (1) year from the date on which it is signed, which is / / .

Patient name (print)

Name of health care provider (print)

Patient signature

Signature of health care provider

Date

Date

Date revoked: / / **Staff initials:**

SAMPLE 42 CFR FORM:

MODEL AUTHORIZATION FOR REFERRAL AND FOLLOW UP

This model authorization form has been drafted to comply with the requirements set forth under 42 C.F.R. Part 2, which establishes additional protections for patients receiving treatment for substance use disorder as well as additional criminal and civil liability for the unlawful disclosure of patient information. This form should be used when the individual or entity disclosing the patient information is a program as defined under 42 C.F.R. § 2.11 and when the information being disclosed is of the type described in 42 C.F.R. § 2.12(1)(1)(i).

I, <patient name>, give the health care provider named below and other employees at <health care institution> my permission to share my information with <name of individual at community-based organization who will receive the patient's information> at <name of community-based organization>. <Community-based organization> will use the information shared to contact me after I am discharged for the purpose of providing post-overdose support and/or connecting me to other resources. The information that will be provided to <community-based organization> will include, but may not be limited to, my contact information and information about my hospitalization(s) during which I received care for a substance use-related overdose.

I understand that my substance use disorder records are protected under federal law, including the federal regulations governing the confidentiality of substance use disorder patient records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

I understand that I can refuse to sign this authorization and that <name of health care institution> may not condition my treatment or refuse to provide me services based on my decision to sign this authorization form. If I do sign this authorization then I must be given a copy of the form after it has been signed by me and my health care provider. I understand that I may revoke this authorization by letting <name of health care institution> know in writing at any time except to the extent that action has been taken in reliance on it. Unless I revoke my consent earlier, this authorization will expire automatically one (1) year from the date on which it is signed, which is / / .

Patient name (print)

Name of health care provider (print)

Patient signature

Signature of health care provider

Date

Date

Date revoked: / / **Staff initials:**

NOTICE TO RECIPIENT:

NOTICE TO RECIPIENT OF PATIENT INFORMATION

Each disclosure of patient information made with the patient's written consent must be accompanied by a notice on the prohibition against re-disclosure in accordance with 42 CFR § 2.32.

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.

FORSYTH COUNTY EMS RELEASE OF INFORMATION FORMS:



Forsyth County Emergency Services
911 E. Fifth St. • Winston-Salem, NC 27101 • (336) 703-2750

**CONSENT FOR RELEASE OF INFORMATION
MEDICAL AND BEHAVIORAL HEALTH RECORDS**
(This includes Mental Health, Substance Abuse and Intellectual/Developmental Disabilities)

Patient's Name:	Date of Birth	Social Security # (last four) XXX-XX-	Record #
LEGAL STATUS			
Legally Responsible Person: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> POA (Printed Name):			
SPECIFIC INFORMATION TO BE DISCLOSED (Initial all that apply)			
<input type="checkbox"/> Admission/Transfer/D/C Summary	<input type="checkbox"/> Diagnosis(es)	<input type="checkbox"/> Presence/Participation in Treatment	
<input type="checkbox"/> Assessment/Psych Eval/Psych Testing	<input type="checkbox"/> Educational Information/Records	<input type="checkbox"/> Toxicology Reports/Drug Screens	
<input type="checkbox"/> Behavioral & Medical Records	<input type="checkbox"/> Entitlements/Eligibility Info.	<input type="checkbox"/> Treatment History/ H & P	
<input type="checkbox"/> Birth Records/Developmental Hx	<input type="checkbox"/> Laboratory/Scan Results	<input type="checkbox"/> Treatment Plan/Crisis Plan/ Care Plan	
<input type="checkbox"/> Current Treatment Notes/Summary/ Update	<input type="checkbox"/> Legal Records	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Demographic Information	<input type="checkbox"/> Medication Management Info.	<input type="checkbox"/> Other: _____	
This consent/authorization is for FORSYTH COUNTY EMERGENCY SERVICES (FCES) to receive information from and release information to: Name: _____ Phone: _____			
This consent/authorization will remain in effect: <input type="checkbox"/> One year from the date signed <input type="checkbox"/> Date Specified: _____ <input type="checkbox"/> Until the following event: _____			
The purpose of this dual disclosure of information is: <input type="checkbox"/> Continuity of Care <input type="checkbox"/> Disability determination <input type="checkbox"/> Insurance Processing <input type="checkbox"/> Treatment Planning <input type="checkbox"/> Legal Proceedings <input type="checkbox"/> Benefits/Entitlements <input type="checkbox"/> Other:			

Form of Disclosure and Redisclosure

Unless specified in writing, we reserve the right to disclose information as permitted by this authorization in any manner that we deem to be appropriate and consistent with applicable law, including, but not limited to, verbally, in paper format, facsimile or electronically to another medical facility or healthcare provider involved in the care of the patient or responsible for any part of the patient's charges. Health information is protected under HIPAA, 45 C.F.R. parts 160 & 164, but once the information is disclosed pursuant to this form, it may no longer be protected by HIPAA and further re-disclosure may occur.

I understand that my information may not be protected from re-disclosure by the requestor of the information. If this information is protected by Federal law 42 C.F.R. Part 2 (Federal Substance Abuse Confidentiality Regulations), the recipient may not re-disclose information related to substance abuse treatment information without my further written authorization unless otherwise provided for by state or federal law.

Expiration and Revocation:

I understand this authorization is valid for financial transactions indefinitely. I also understand that I may revoke this authorization at any time in writing by sending written notification to Forsyth County Emergency Services (FCES) ~ 911 E. Fifth St. ~ Winston-Salem, NC 27101. I further understand that any action taken on this authorization prior to the rescinded date is legal and binding and it will not have any effect on any actions FCES took before it received the revocation.

I understand that if my record contains information relating to HIV infection, AIDS or AIDS-related conditions, alcohol/ drug abuse, psychological/ psychiatric conditions, or genetic testing, this disclosure may include that information unless I request that this information be restricted. I also understand my signature is voluntary and that I may refuse to sign. I also understand that FCES cannot deny or refuse treatment if I refuse to sign.

Check here if patient/client refuses to sign authorization. _____ Initial here to indicate receipt of duplicate copy.

 Signature of Patient/Client Signature of Parent/Guardian/Legal Representative _____ Date

If you are signing as a personal representative of an individual, please describe your authority to act for this individual:

Power of attorney Healthcare surrogate Parent/Guardian Other: _____

Witness _____ Date

Original/White Sheet - Scan to PCR EMR

Duplicate/Yellow Sheet - Patient/Guardian

Release of Information Medical and Behavioral Health Treatment (Approved 12/21/2016)



Forsyth County Emergency Services
 911 E. Fifth St. • Winston-Salem, NC 27101 • (336) 703-2750

**CONSENT FOR RELEASE OF INFORMATION
 MEDICAL AND BEHAVIORAL HEALTH RECORDS**
 (This includes Mental Health, Substance Abuse and Intellectual/Developmental Disabilities)

Patient's Name:	Date of Birth	Social Security # (last four) XXX-XX-	Date
-----------------	---------------	--	------

This release is for **FORSYTH COUNTY EMERGENCY SERVICES** to receive and release information to and from:

<input type="checkbox"/> ARCA	<input type="checkbox"/> Forsyth County Public Health	<input type="checkbox"/> Samaritan Ministries
<input type="checkbox"/> Bethesda Center	<input type="checkbox"/> Forsyth County Sheriff's Dept.	<input type="checkbox"/> Senior Services
<input type="checkbox"/> Correct Care Solutions (Jail staff)	<input type="checkbox"/> GreenTree Peer Center	<input type="checkbox"/> Social Security Administration
<input type="checkbox"/> Cardinal Innovations Healthcare	<input type="checkbox"/> Insight Human Services	<input type="checkbox"/> Twin City Harm Reduction Collective
<input type="checkbox"/> City of Dwellings	<input type="checkbox"/> Kernersville Police Dept. <input type="checkbox"/> Fire	<input type="checkbox"/> Veterans Administration
<input type="checkbox"/> Daymark Recovery Services	<input type="checkbox"/> Monarch Health Care	<input type="checkbox"/> VA Medical Center
<input type="checkbox"/> Empowerment Project	<input type="checkbox"/> Northwest Community Care/Emtiro	<input type="checkbox"/> Wake Forest Baptist Health
<input type="checkbox"/> Family Services	<input type="checkbox"/> Novant Health	<input type="checkbox"/> Winston-Salem Forsyth Co. Schools
<input type="checkbox"/> Forsyth County DSS	<input type="checkbox"/> Old Vineyard	<input type="checkbox"/> Winston-Salem Police Dept <input type="checkbox"/> Fire Dept
<input type="checkbox"/> Forsyth County Judicial System/DOJ	<input type="checkbox"/> Salvation Army	<input type="checkbox"/> Other: _____

SPECIFIC INFORMATION TO BE DISCLOSED (Check all that apply)

<input type="checkbox"/> Mental Health Records	<input type="checkbox"/> Educational Records	<input type="checkbox"/> Pharmacy Records
<input type="checkbox"/> Substance Use Records including Assessment, Inpatient Record, H & P, Treatment, Meds, Labs, Discharge Info	<input type="checkbox"/> Entitlements & Housing Info	<input type="checkbox"/> Psychological Evaluations
<input type="checkbox"/> Developmental Disability Records	<input type="checkbox"/> Legal Info/Records	<input type="checkbox"/> Transportation
<input type="checkbox"/> Crisis Info, Plan, WRAP	<input type="checkbox"/> Medical Health/Labs (Including HIV and substance use related)	<input type="checkbox"/> Vocational Info
	<input type="checkbox"/> Medication Eval/History/ Orders	<input type="checkbox"/> Other: _____

This consent/authorization will remain in effect: One year from the date signed Date Specified:
 Until the following event: _____

The purpose of this dual disclosure of information is: Care Coordination Disability determination Insurance Processing
 Treatment Planning/Care Coordination Legal Proceedings Benefits/Entitlements Other: _____

Form of Disclosure and Redislosure: Unless in writing, we reserve the right to disclose information as permitted by this authorization in any manner that we deem to be appropriate and consistent with applicable law, including, but not limited to, verbally, paper format, fax or electronically to another medical facility or healthcare provider involved in the care of the patient or responsible for any patient charges. Health information is protected under HIPAA, 45 C.F.R. parts 160 & 164, but once the information is disclosed pursuant to this form, it may no longer be protected by HIPAA and further re-disclosure may occur.

I understand that my information may not be protected from re-disclosure by the requestor of the information. If this information is protected by Federal law 42 C.F.R. Part 2 (Federal Substance Abuse Confidentiality Regulations), the recipient may not re-disclose information related to substance abuse treatment information without my further written authorization unless otherwise provided for by state or federal law.

Expiration and Revocation: I understand this authorization is valid for financial transactions indefinitely. I also understand that I may revoke this authorization at any time by initialing this notification (_____) **Initials** and sending the form to Forsyth County Emergency Services (FCES) ~ 911 E. Fifth St. ~ Winston-Salem, NC 27101. I further understand that any action taken on this authorization prior to the rescinded date is legal and binding and it will not have any effect on any actions FCES took before it received the revocation.

I understand that if my record contains information relating to HIV infection, AIDS or AIDS-related conditions, alcohol/ drug abuse, psychological/ psychiatric conditions, or genetic testing, this disclosure may include that information unless I request that this information be restricted. I also understand my signature is voluntary and that I may refuse to sign. I also understand that FCES cannot deny or refuse treatment if I refuse to sign.

Check here if patient/client refuses to sign authorization. _____ Initial here to indicate receipt of duplicate copy.

 Signature of Patient/Client Signature of Parent/Guardian/Legal Representative _____ Date


If you are signing as a personal representative of an individual, please describe your authority to act for this individual:
 Power of attorney Healthcare surrogate Parent/Guardian Other: _____

 Witness Printed Name _____ Witness Signature _____ Date

APPENDIX C: GENERAL PROTOCOL FORMS

Appendix C includes general forms that could be helpful in the field when doing initial or follow-up visits with PORT participants. A field data collection form was provided by Healing Transitions, and a pocket resource guide was provided by Wake County Health Department.

FIELD DATA COLLECTION FORM:



Healing
Transitions

Rapid Response Data Collection Form

Date: _____

Name: _____

DOB: _____

Cell: _____

Family Involvement?: _____

Address: _____

City: _____

Gender: _____

Race/ Ethnicity: _____

Time of OD: _____

Date of overdose: _____

IV Use: _____

Prior Overdose: _____

Treatment Referral: _____

Pregnant: _____

Person is a Guardian of Minors: _____


Employment: _____

Reliable Transportation: _____

Housing Situation: _____

Food Insecurity: _____

POCKET RESOURCE GUIDE:

<p>SERVICES AND RESOURCES</p> <p>Alliance Health ☎ 800-510-9132 (24/7) 🌐 allianceforaction.org</p> <p>Connects adults and youth to providers who can help with:</p> <ul style="list-style-type: none"> • Substance use disorders • Medication-assisted treatment <p>Alcohol/Drug Council of NC ☎ 919-908-3196 Text, M-F: 12 p.m.–6 p.m. ☎ 800-688-4232 (24/7) 🌐 alcoholdrughelp.org</p> <p>Information and referral services in English and Spanish</p> <p>Fellowship Health Resources ☎ 919-573-6520 🌐 fhr.net</p> <p>Behavioral health services for people living with mental illness and substance use disorders</p>	<p>HIV/STD Screening Wake County Human Services ☎ 919-250-4510 🌐 wakegov.com/hivstd</p> <ul style="list-style-type: none"> • FREE testing for HIV, syphilis, chlamydia and gonorrhea at community locations • FREE condoms and educational materials also available <p>Holly Hill Hospital</p> <table border="0"> <tr> <td>Main Campus, Adults</td> <td>South Campus, Youth</td> </tr> <tr> <td>☎ 919-250-7000</td> <td>919-250-7600</td> </tr> <tr> <td>📍 3019 Falstaff Rd. Raleigh, NC 27610</td> <td>201 Michael J. Smith Ln. Raleigh, NC 27610</td> </tr> </table> <p>Horizons ☎ 919-966-9803 919-960-3775 (after 5 p.m.) 🌐 med.unc.edu/obgyn/horizons</p> <p>Substance use disorder treatment for pregnant and/or parenting women and their children</p>	Main Campus, Adults	South Campus, Youth	☎ 919-250-7000	919-250-7600	📍 3019 Falstaff Rd. Raleigh, NC 27610	201 Michael J. Smith Ln. Raleigh, NC 27610	<p>Recovery Court ☎ 919-856-6414 or 919-856-6441</p> <p>Assists people with substance use disorders with court-monitored treatment</p> <p>Safe Syringe Program NC Harm Reduction ☎ 910-229-6090 📍 4024 Barrett Dr. Ste. 101 Raleigh, NC 27609 ⌚ W: 1–4 p.m.</p> <p>Syringe disposal, sterile syringes and supplies, access to naloxone, and education about disease prevention and treatment options</p> <p>Southlight Healthcare ☎ 919-787-6131 🌐 southlight.org</p> <ul style="list-style-type: none"> • Substance use disorder and mental health services • Prevention, education and treatment services for adults, youth and families <p>Wake County Network of Care 🌐 wakenetworkofcare.org</p> <p>Online database that helps you find services, resources and education about treatment options</p>	<p>HOUSING</p> <p>The Fellowship Home of Raleigh ☎ 919-833-6030 🌐 fellowshiphome.org</p> <p>Oxford House 🌐 oxfordhouseenc.org</p> <p>FAMILIES</p> <p>Support Groups</p> <p>Al-Anon 🌐 al-anon.org</p> <p>Nar-Anon and Narateen 🌐 nar-anon.org</p> <p>Recovery Communities of North Carolina ☎ 919-231-0248 🌐 rcnc.org/programs-services/family-ally-support-group.html</p>	<p>NEED HELP?</p> <p>OVERDOSE?</p> <p> Human Services</p>
Main Campus, Adults	South Campus, Youth									
☎ 919-250-7000	919-250-7600									
📍 3019 Falstaff Rd. Raleigh, NC 27610	201 Michael J. Smith Ln. Raleigh, NC 27610									

APPENDIX D: TEAM INFORMATION SHARING

Appendix D includes an example of a Protected Health Information Agreement between Wake Forest University Baptist Medical Center and an Outside Entity. These forms should be developed in partnership with your legal department and adapted to fit the needs of your programs.

SAMPLE PHI AGREEMENT:

WakeHealthLink

AGREEMENT FOR ACCESS TO PROTECTED HEALTH INFORMATION
BETWEEN WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER
AND _____

THIS AGREEMENT for Access to Protected Health Information (“PHI”) (“Agreement”) is entered into between Wake Forest University Baptist Medical Center (hereinafter “WFUBMC”) and _____ (hereinafter “Outside Entity”).

WHEREAS, WFUBMC utilizes certain systems which allow users to remotely access patient electronic health records (the “System”) among the WFUBMC facilities and other health care providers affiliated with WFUBMC;

WHEREAS, the System will allow certain authorized parties to view and retrieve the electronic health records (“EHR”) of their patients for the purpose of treatment, payment, or certain health care operations to the extent permitted without authorization by applicable state law, the Administrative Simplification subtitle of the Health Insurance Portability and Accountability Act of 1996, and the rules and regulations promulgated thereunder, as may be amended from time to time (collectively, “HIPAA”), and further subject to the Recovery and Reinvestment Act of 2009 (“ARRA”), including its provisions commonly known as the “HITECH Act,” and rules and regulations promulgated thereunder, as may be amended from time to time;

WHEREAS, WFUBMC believes that the proper use of the System by Outside Entity would substantially improve the quality of health care provided to patients and therefore desires to allow access to the System by Outside Entity, subject to the restrictions and other requirements set forth in this Agreement;

WHEREAS, Outside Entity provides professional or other medical services to WFUBMC patients, but does not otherwise have a contract with WFUBMC for access to the EHR;

WHEREAS, Outside Entity has agreed to use the System to improve the quality and efficiency of the medical services Outside Entity and WFUBMC provide to WFUBMC patients; and

NOW, THEREFORE, in consideration of the premises, the mutual agreements and covenants herein contained, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto do hereby agree as follows:

1. System Access.

A. Subject to the terms and conditions of this Agreement, WFUBMC hereby grants Outside Entity non-transferable and non-exclusive access to the System to permit the medical providers (each a “Medical Provider”), as defined and set forth in Exhibit A attached hereto, and their office administrators, secretaries and nurses (collectively “Authorized Users”), to electronically access and use the System solely for storing, processing and displaying medical records and other information, images and content related to the provision of healthcare to patients of such Medical Providers (the “System License”). Outside Entity understands and warrants that such access and use shall be limited to that achieved through unique access codes provided to each individual Authorized User granted access by WFUBMC, and that each Authorized User shall be prohibited from using another Authorized User’s access code to access and/or use the System. Outside Entity further acknowledges and understands that WFUBMC may terminate Outside Entity’s and/or individual Authorized Users’ access and/or this Agreement at any time for any reason without penalty, regardless of any effect such termination may have on Outside Entity’s operations.

B. Outside Entity acknowledges and agrees that any hardware, software, network access or other items (collectively, the “Components”) necessary for Outside Entity to access and use the System must be obtained separately by Outside Entity. WFUBMC shall not be responsible for the procurement, installation or maintenance of any Components, and WFUBMC makes no representations or warranties regarding the Components whatsoever. Any fees associated with the Components shall be borne by Outside Entity and paid directly to the suppliers of the components.

C. Outside Entity acknowledges that WFUBMC does not guarantee constant or consistent availability of the System, and that the System may be periodically unavailable due to technical issues, security concerns, or hardware and software upgrades.

2. Use or Disclosure of PHI.

A. Outside Entity shall not use or disclose PHI received from WFUBMC in any manner that would constitute a violation of federal or state law, including, but not limited to, HIPAA. Outside Entity shall ensure that only its directors, officers, employees, contractors, and agents use or disclose PHI received from, or created or received on behalf of, WFUBMC only in accordance with the provisions of this Agreement and federal and state law. Outside Entity shall not disclose PHI in any manner other than as permitted by this Agreement. Outside Entity further agrees that all information accessed, viewed, or downloaded through the System will be maintained in the strictest confidentiality and, at a minimum, as required by state and federal law. In the event that the privacy and security standards employed by Outside Entity exceed state and federal requirements, Outside Entity shall protect such data in the same manner as Outside Entity safeguards the confidentiality of other patient care records. Outside Entity further agrees that it will implement all appropriate safeguards to prevent unauthorized use or disclosure of PHI.

B. Outside Entity agrees to implement and utilize the System and shall provide WFUBMC with access to a patient's EHR located on any system implemented or utilized by Outside Entity that are created, maintained, transmitted, or received using the System when such patient is also a patient of WFUBMC. WFUBMC agrees that such HER shall be used solely for the purposes of treatment, payment, or health care operations to the extent permitted without patient authorization by HIPAA. Outside Entity shall use the System in accordance with any policies issued by WFUBMC from time to time.

C. WFUBMC and Outside Entity shall comply in all material respects with the standards for privacy of individually identifiable health information of the Administrative Simplification subtitle of HIPAA. Outside Entity recognizes its status as a "covered entity" under HIPAA and agrees to carry out its responsibilities under this Agreement in accordance with such status.

3. Process for Requesting System Access.

A. Outside Entity shall provide WFUBMC with the name and direct contact information for its Privacy Officer, and shall properly notify WFUBMC prior to any change in such contact. Outside Entity shall also designate a liaison to coordinate user access (which person can also be the Privacy Officer). The liaison is responsible for managing the modification and termination of accounts that the Outside Entity is provided. Before accessing the System, each Authorized User shall agree to and sign the terms of a confidentiality statement (the "Confidentiality Statement") in the form provided herein as Exhibit B, attached hereto and incorporated herein by reference, as that form may be amended from time to time by WFUBMC. Outside Entity agrees to ensure that each Authorized User approved for access under this Agreement adheres to the requirements of this Agreement and the Confidentiality Statement. Each Authorized User shall also complete, in a form and in a manner to be determined by WFUBMC, training regarding the user requirements of the System.

B. For purposes of this Agreement, access to the System shall be permitted only for such employees of Outside Entity who have a reasonable need to access PHI of WFUBMC patients for purposes of carrying out their duties to such patients. The Authorized Users of Outside Entity who shall have access to the System are listed in Exhibit A of this Agreement, incorporated by reference herein. Outside Entity agrees to notify WFUBMC within 24 hours when any Authorized User is separated from employment of Outside Entity for any reason, including but not limited to retirement, termination or voluntary separation. Outside Entity further agrees that, on each anniversary date of this Agreement, or more frequently as requested by WFUBMC, it shall validate that each Authorized User listed in Exhibit A continues to have a reasonable need for access to the System and continues to be an employee or agent of Outside Entity.

4. Data Ownership.

Outside Entity acknowledges and agrees that WFUBMC owns all rights, interests and title in and to all data acquired, accessed, viewed, or downloaded through the System, and that such rights, interests and title shall remain vested in WFUBMC at all times. Outside Entity shall not compile and/or distribute such data or any analyses to third parties utilizing any data received from, or created or received on behalf of WFUBMC without express written permission from WFUBMC.

5. Reporting of Unauthorized Use or Disclosure of PHI.

A. Outside Entity shall, within twenty-four (24) hours of becoming aware of an unauthorized use or disclosure of PHI by any third party or by Outside Entity, its officers, directors, employees, contractors, agents or by a third party to which Outside Entity disclosed PHI, report any such disclosure to WFUBMC. Such notice shall be made by telephone call and by letter sent via a nationally recognized overnight carrier to the following:

Wake Forest University Baptist Medical Center
Medical Center Boulevard
Winston-Salem, NC 27157
ATTN: Privacy Office
(336) 716-4472

B. Potential Data Security Breach. If at any time Outside Entity has reason to believe that PHI transmitted pursuant to this Agreement may have been accessed or disclosed without proper authorization and contrary to the terms of this Agreement, Outside Entity will immediately give WFUBMC notice and take actions to eliminate the cause of the breach. To the extent WFUBMC deems warranted, in its sole discretion, WFUBMC will provide notice or require Outside Entity to provide notice to individuals whose PHI may have been improperly accessed or disclosed.

C. WFUBMC has the right, at Outside Entity's sole cost and expense, at any time, to monitor, audit, and review activities and methods in implementing this Agreement in order to assure compliance therewith, within the limits of Outside Entity's technical capabilities.

6. Availability of Books and Records.

Outside Entity agrees to make its internal practices, books and records relating to the use and disclosure of PHI received from WFUBMC, or created or received on behalf of WFUBMC, available to the Secretary of the U.S. Department of Health and Human Services for purposes of determining WFUBMC'S and Outside Entity's compliance with the HIPAA standards. Outside Entity shall promptly provide to WFUBMC a copy of any documentation that Outside Entity provides to the Secretary.

7. Investigations/Sanctions.

WFUBMC reserves the right to monitor, review and investigate reported and identified failures to comply with this Agreement and impose nonmonetary appropriate sanctions. Sanctions may include, but are not limited to, the termination of this Agreement or termination of individual Authorized User access. WFUBMC reserves the right to report unprofessional conduct to appropriate licensing or other regulatory authorities. Outside Entity agrees to cooperate with WFUBMC in order to adequately investigate complaints received involving the Outside Entity's employees or agents. Outside Entity agrees to have a sanctions policy, produce it upon request, and discipline their employees or agents for all breaches involving PHI in accordance with the HIPAA Privacy Rule.

8. Immediate Termination.

Outside Entity understands, acknowledges and agrees that WFUBMC may terminate this Agreement immediately without liability at any time, and for any reason, within the sole discretion of WFUBMC.

9. Indemnification.

Outside Entity agrees to indemnify and hold harmless WFUBMC, its governing board, officers, employees and agents, from and against any and all claims, costs, losses, damages, penalties, liabilities, expenses, demands, and judgments, including litigation expenses and attorney's fees, which may arise from Outside Entity's breach and/or performance under this Agreement or negligent acts or omissions of its subcontractors, agents, or employees, including, but not limited to, any penalties, claims or damages arising from or pertaining to a breach of this Agreement, or the violation of any state or federal law applicable to the use, disclosure or protection of PHI subject to this Agreement. Such indemnification shall include, but shall not be limited to, the full cost of any required notice to impacted individuals, including the costs to retain an outside consulting firm, vendor or outside attorneys to undertake the effort.

10. Insurance.

During the term of this Agreement, Outside Entity, at its sole cost and expense shall provide commercial general liability insurance on an occurrence basis in the minimum amount of \$1,000,000. Such liability insurance coverage shall include "cyber liability" insurance coverage.

11. Entire Agreement.

This Agreement constitutes the entire agreement between the parties regarding access to the System, and supersedes all prior oral or written agreements, commitments, or understandings concerning the matters provided for herein.

12. Amendment.

This Agreement may be modified only by a subsequent written Agreement executed by the parties.

13. Governing Law.

The parties' rights or obligations under this Agreement will be construed in accordance with, and any claim or dispute relating thereto will be governed by, the laws of the State of North Carolina.

14. Waiver.

Neither the waiver by any of the parties hereto of a breach of, or a default under, any of the provisions of this Agreement, nor the failure of either of the parties, on one or more occasions, to enforce any of the provisions of this Agreement or to exercise any right or privilege hereunder, will thereafter be construed as a waiver of any subsequent breach or default of a similar nature, or as a waiver of any of such provisions, rights or privileges hereunder.

15. Term.

The term of this Agreement shall be one year, beginning on, and will continue thereafter from year to year unless terminated by either party.

IN WITNESS WHEREOF, WFUBMC and Outside Entity have caused this Agreement to be duly executed on the day and year first above written.

WFUBMC

Outside Entity

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Exhibit A

1. Medical/clinical personnel including, but not limited to MD, RN, LPN, NA, PA, CMA, NP, PA
2. Billing and coding related personnel including, but not limited to Coders, Medical Records Clerk, Billing Clerks

Acknowledged by:

Signature of individual authorized to sign for Outside Entity

Name: _____

Title: _____

Date: _____

SAMPLE